

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000081659

Entity Name: 24/7 FITNESS, CORP

**FILED**  
**Oct 17, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

9819 NORTH US HWY 301  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

9819 NORTH US HWY 301  
WILDWOOD, FL 34785

**New Mailing Address:**

FEI Number: 27-3627210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUCKNER, DON M SR.  
9819 NORTH US HWY 301  
WILDWOOD, FL 34785 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DON BUCKNER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MILLER, JOSHUA D  
Address: 9819 NORTH US HWY 301  
City-St-Zip: WILDWOOD, FL 34785

Title: ST  
Name: MILLER, JENNIFER N  
Address: 9819 NORTH US HWY 301  
City-St-Zip: WILDWOOD, FL 34785

Title: P  
Name: BUCKNER, DON M SR.  
Address: 9819 NORTH US HWY 301  
City-St-Zip: WILDWOOD, FL 34785

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DON BUCKNER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/17/2013

\_\_\_\_\_  
Date